



Investor Briefing

August 2026

ASX: PTX

ptxtherapeutics.com

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Company snapshot



Key Metrics

ASX Ticker	PTX
Total Issued Capital	1,051 M shares
Share Price ¹	A\$0.072
Market Capitalisation ¹	A\$76 M
Cash Position ²	A\$9.03M
Top 20 Own	21%



1. As at 24 August 2026
2. As at 30 June 2026 listed in Annual Report 21 August 2026

Highlights



Yale

PTX-100

Lead drug candidate
licensed from Yale
University



Pioneering a drug
platform with the
potential to address ~1 in
5 cancers¹



**First-in-class drug candidate
(PTX-100)**

Most clinically advanced
against its target ²



Rare blood cancer initial
focus of PTX-100 with Phase
1 showing encouraging
efficacy and safety



Near-term milestone expected
by year end with the Phase 2a
Dose Optimisation Committee
review



Creating value in
our preparation for
potential partners

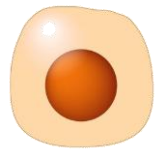
1. The RAS Problem: Turning Off a Broken Switch - NCI
2. Based on public data



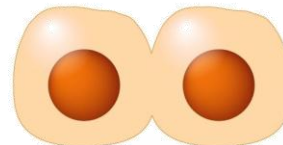
Background

What causes cancerous mutations?

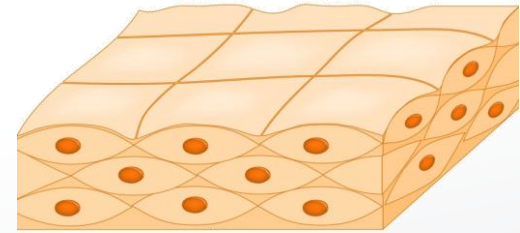
Normal
cell growth



Normal cell

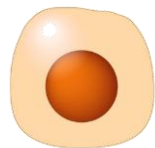


Cell division



Healthy tissue

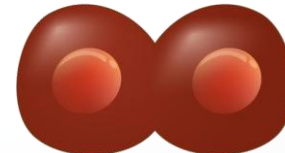
Abnormal
cell growth



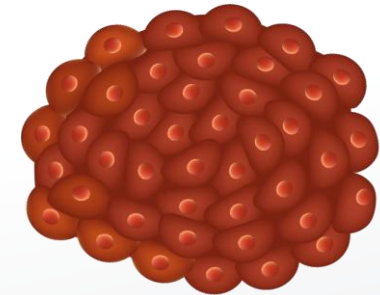
Normal cell



Genetic changes



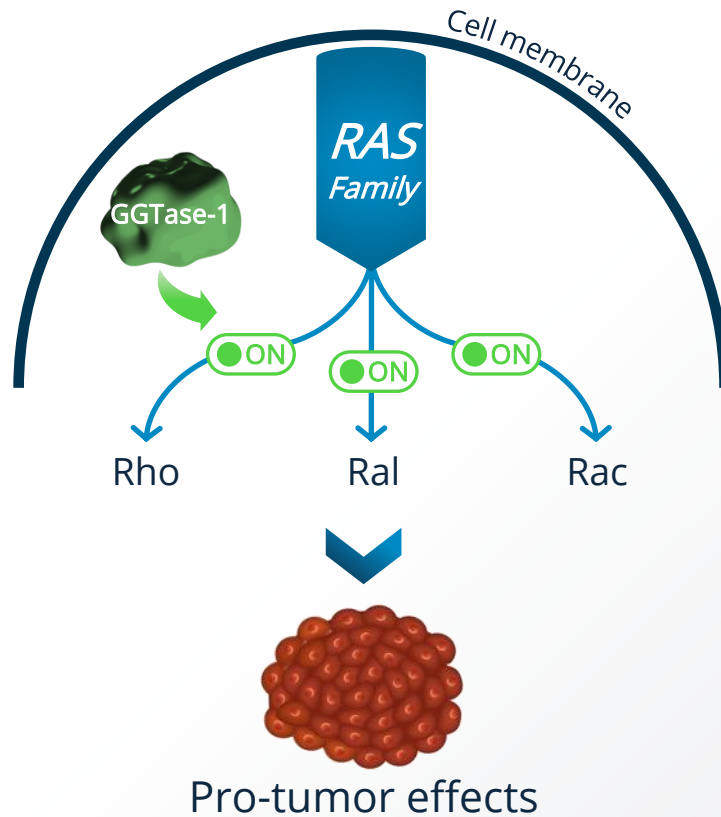
Cancerous cell division
Mediated by
the RAS family



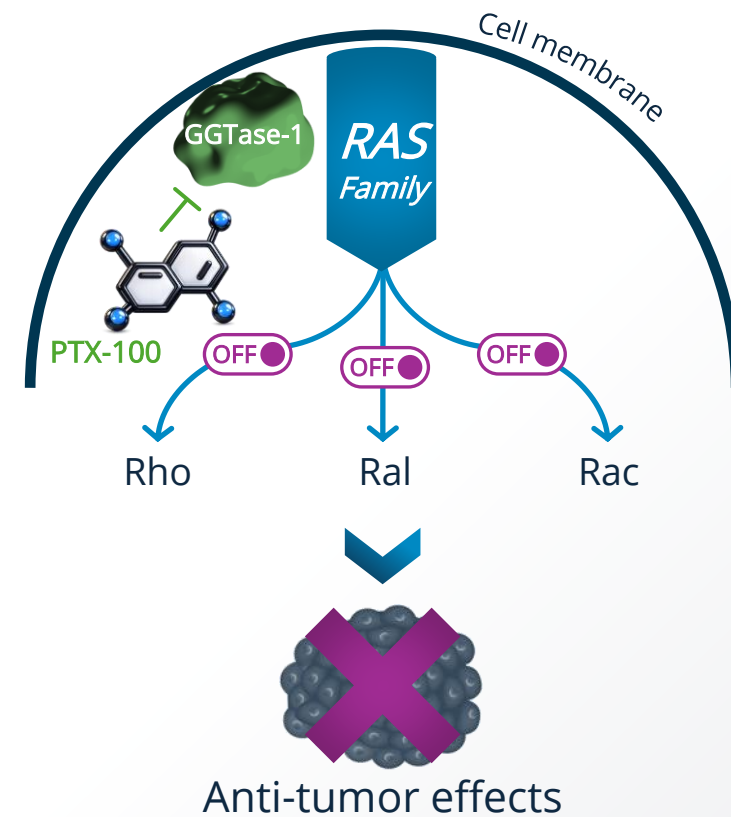
Malignant tumour

How PTX-100 works

RAS proteins can drive overgrowth of cells through many signaling pathways, regulated by GGTase-1



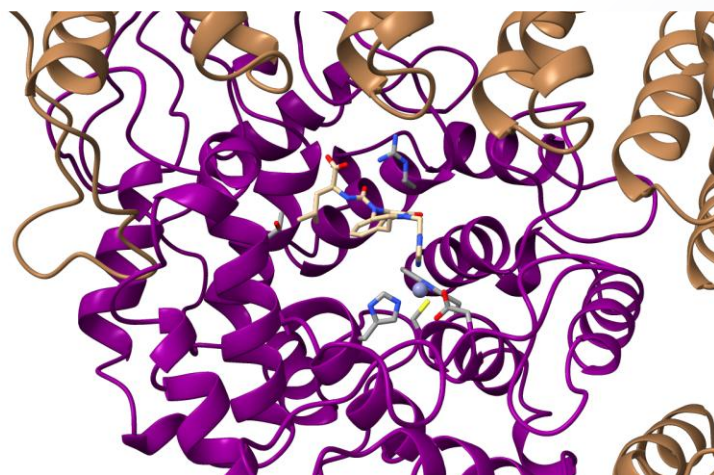
PTX-100 blocks GGTase-1, broadly inhibiting RAS proteins signaling



A clever design for specific inhibition

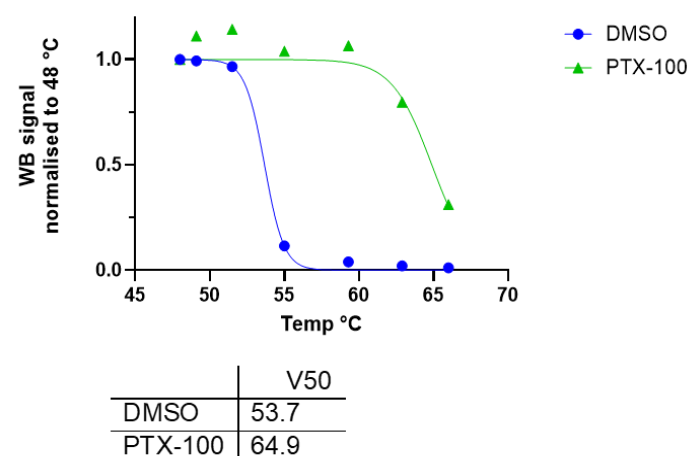
AI- and physics-based modelling

PTX-100 does not require the presence of the substrate to block the active site, and its design provides high specificity for GGTase-I



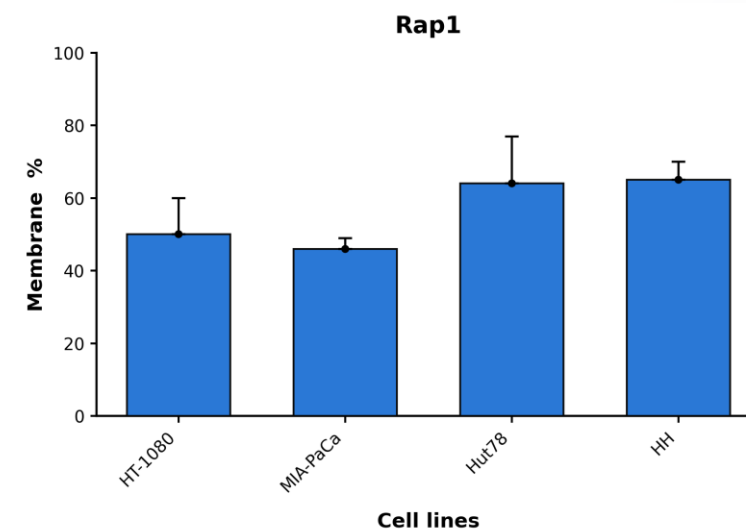
CELLular Thermal Shift Assay (CETSA®)

PTX-100 exhibits strong binding to its cellular target as demonstrated by a shift in the observed thermal melting behavior



Percentage of anchored-prenylated Rap1

PTX-100 inhibition of GGTase-I induces a reduction in the percentage of Rap1 protein associated to the membrane



First-in class advantages



First and only GGTase-1 inhibitor to reach clinical development¹

This position potentially allows Prescient Therapeutics to:



Eligibility for favorable regulatory designations that may support expedited development timelines²



Move through development without competing against other GGTase-1 inhibitor data benchmarks



Build a strong 'first to market' brand with physicians if approved



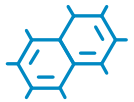
Potentially extend first-mover advantage against other cancers

1. Based on public data
2. Subject to regulatory approval



PTX-100 for CTCL

Strategy and data



First indication chosen for:

- Strong RAS involvement
- High unmet need
- Strong chance of regulatory support
- Moderate or low competition
- Significant addressable market



Selection made: CTCL

- RAS family involvement
- Orphan disease
- Advanced stages currently seen a death sentence: existing therapies not effective/safe enough
- Estimated US\$1.2 billion US market in 2034¹



Outcomes so far PTX-100:

- Phase 1b results: 43% objective response rate² and no drug-related serious adverse effects observed
- Received FDA's Fast Track designation as well as US and EU Orphan Drug status³

1. DelveInsight: Market Insight, Epidemiology And Market Forecast – 2034, Based on third-party forecasts and subject to assumptions regarding pricing, treatment duration, competition and reimbursement.

2. CTCL subgroup, n=7 evaluable patients

3. FDA Fast track Designation for Mycosis Fungoides (MF), Orphan Drug designations in US and EU for T Cell Lymphoma and MF plus Sezary Syndrome respectively

CTCL is a challenging disease

- Rare type of white blood cell (T cell) cancer
- Cancerous T cells attack skin, eventually impacting nodes, viscera and blood
- Significantly impacts quality of life
 - Pruritus (itching)
 - Secondary infections
 - Appearance impacted by skin involvement
 - Sleep disturbance and fatigue
- ~3,000¹ new cases in US / year and increasing
- Most prevalent CTCL forms: Mycosis Fungoides (MF) and Sézary Syndrome (SS)



Not all CTCL patients are the same



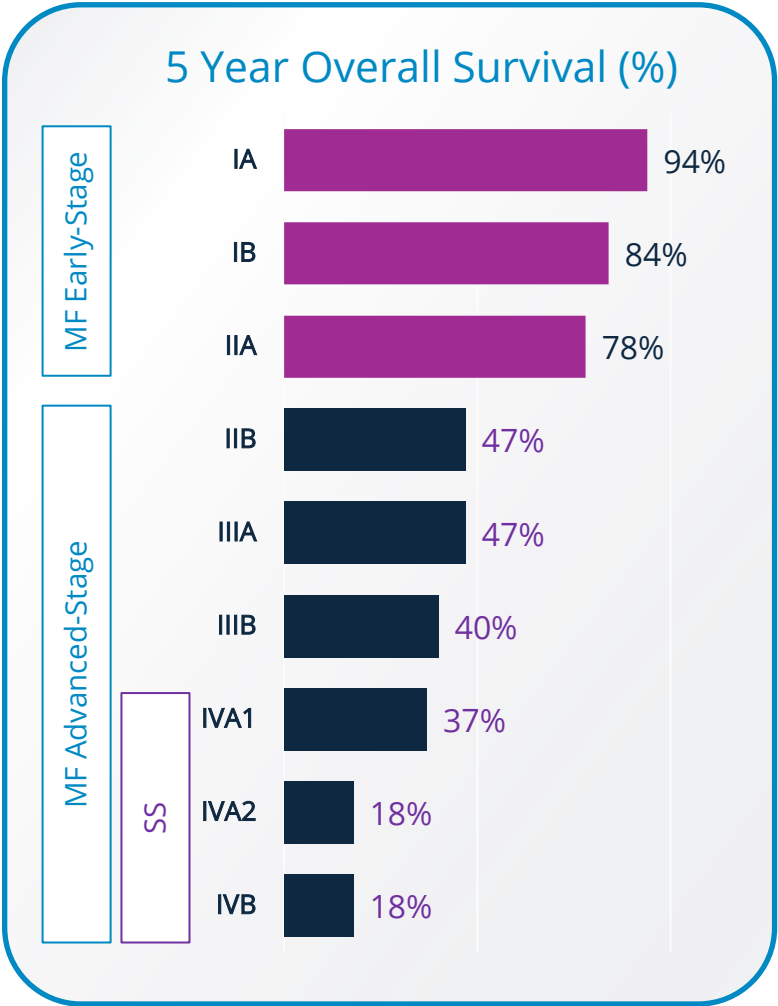
Poor Outcomes in Advanced Stages

Mycosis Fungoides (MF)

- Most common CTCL subtype (~50-70% of cases); indolent, skin-limited patches/plaques that can progress to tumors and, in advanced stages, nodal or blood involvement

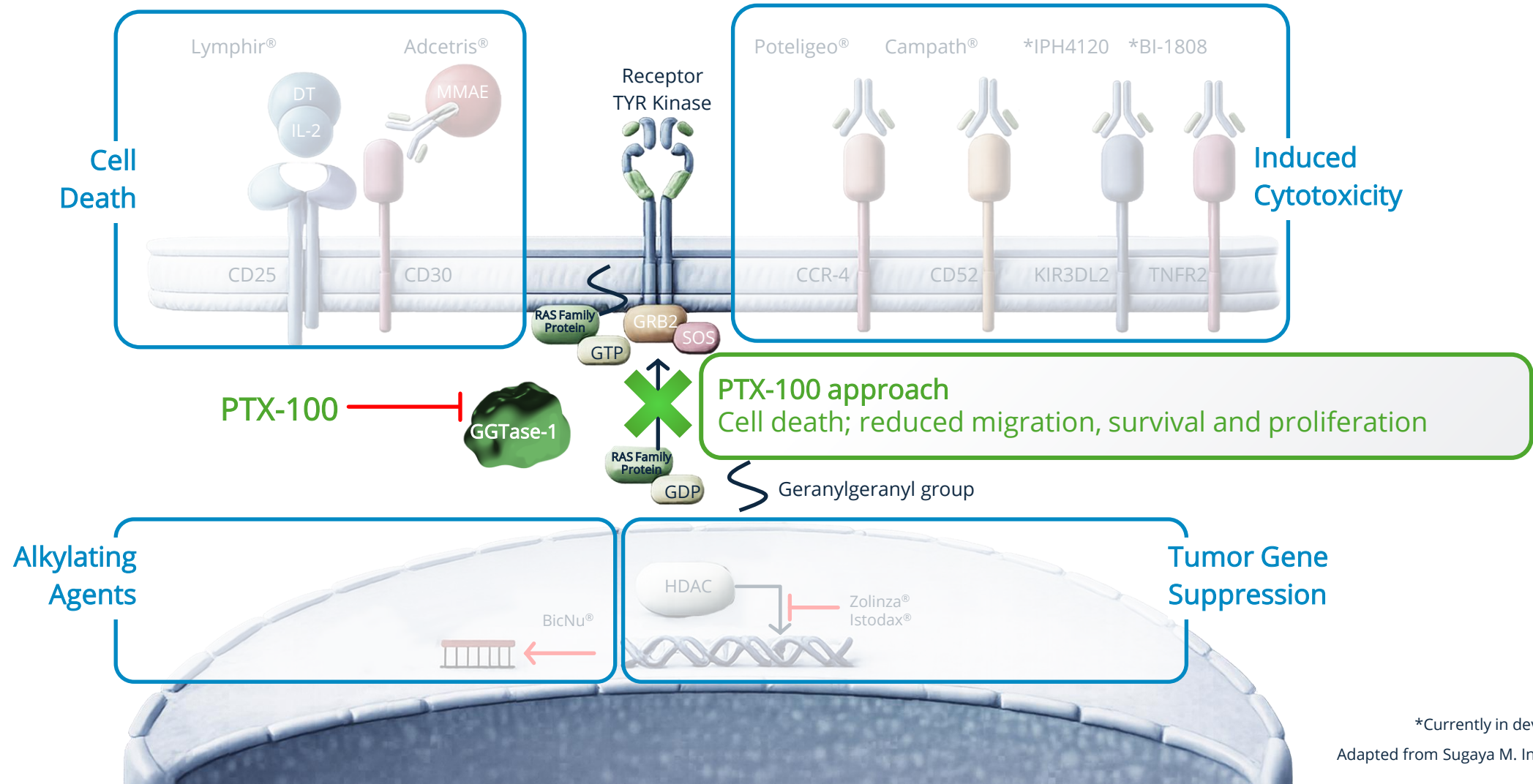
Sézary Syndrome (SS)

- Rare (<5% of cases); aggressive leukemic variant defined by erythroderma, lymphadenopathy and blood involvement (Sézary cell count >1,000/ μ L)



- Existing treatment options are poor with current drugs providing only modest efficacy and poor safety and tolerability
- Fewer options for relapsed or refractory CTCL patients
- PTX-100 has Fast Track Designation (FTD) for CTCL- Mycosis Fungoides (MF) patients

A differentiated mode of action



*Currently in development

Phase 1b sub-analysis of CTCL patient cohort

CTCL response rates, safety and duration including consideration of other therapies are key drivers to initiation of Phase 2



	Benchmark ¹	Lymphir ^{2,3}	Poteligeo ⁴	Lacutamab ^{5,6}	PTX-100 (CTCL only) ⁷
Objective Response Rate (ORR)	30%	36%	28%	42.9% (SS) 22.4% (MF)	43% ⁸
Clinical Benefit	45%	NA	NA	NA	100%
Duration of Response (DOR)	9-13 months	6.5 months	14.1 months	25.6 months (SS)	12.4 months
Serious Adverse Events	<30%	38%	41%	9.5% ^{5,9}	0% ⁹

Comparisons shown are not from head-to-head studies. Differences in trial phase, patient population, endpoints, and study design may materially affect outcomes.

1. Considered a target benchmark by Prescient and its investigators, with reference to currently available therapies in r/r CTCL. Clinical Benefit rate includes: complete and partial response and stable disease
2. Label as per FDA.gov; Fierce Pharma; EF Hutton report
3. Approved by the FDA 8 Aug 2024: LYMPHIR is an IL2-receptor-directed cytotoxin indicated for the treatment of adult patients with relapsed or refractory Stage I-III cutaneous T-cell lymphoma (CTCL) after at least one prior systemic therapy.
4. TGA approved Product Information

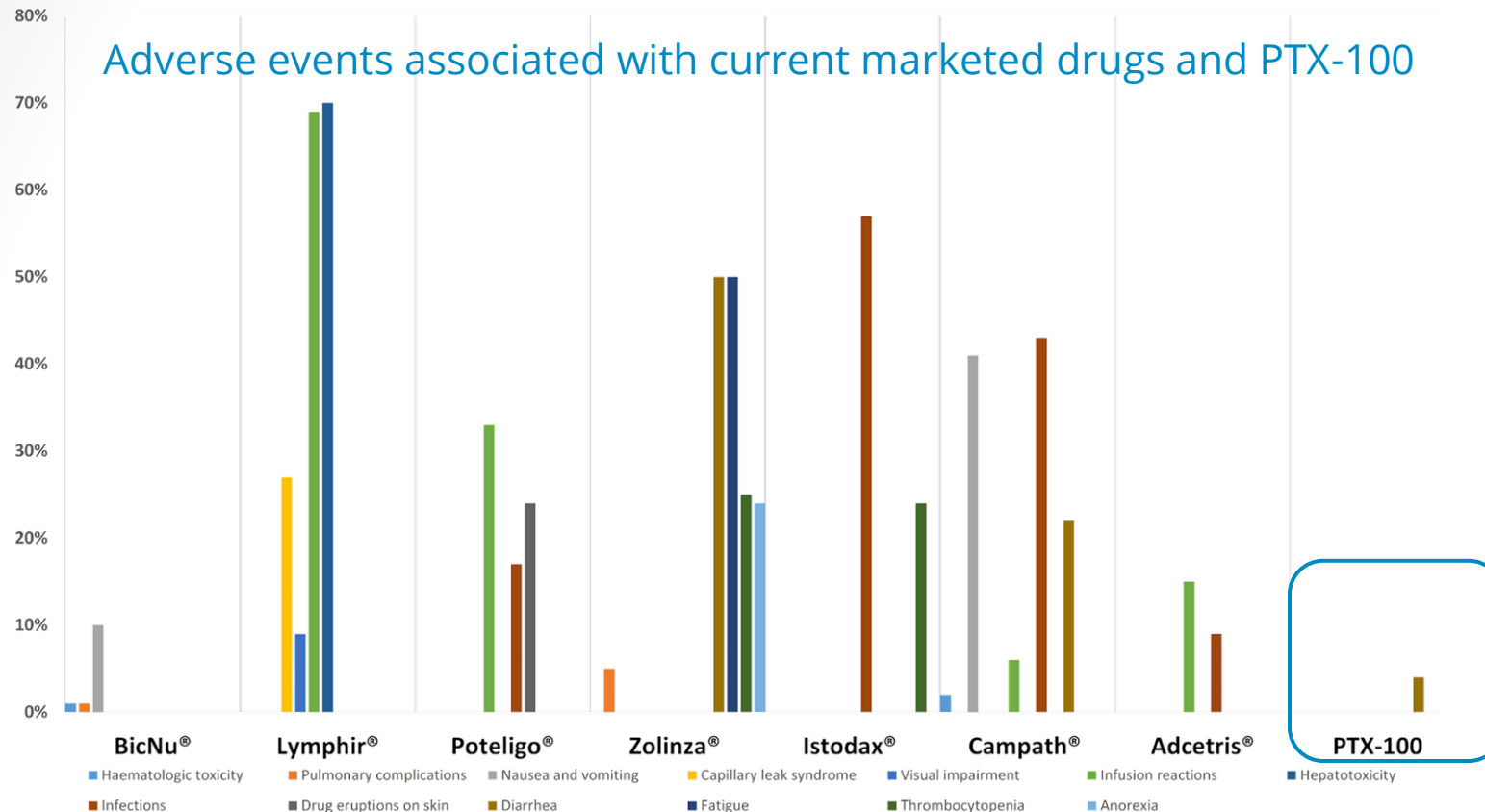
5. Lacutamab in patients with relapsed and refractory Sézary syndrome (SS): Long term follow-up from the TELLOMAK phase 2 trial. 2025 ASCO Abstract
6. Lacutamab in patients with relapsed and/or refractory mycosis fungoides (MF): Results from the TELLOMAK phase 2 trial https://ascopubs.org/doi/10.1200/JCO.2024.42.16_suppl.7082
7. 7 evaluable patients
8. 95% Confidence interval CI: 10%, 82%
9. Serious Adverse events that were treatment related

PTX-100: Favourable safety profile compared to peers

Recommended CTCL drugs have challenging safety profiles, with adverse events occurring in up to 70% of patients



Adverse events associated with current marketed drugs and PTX-100

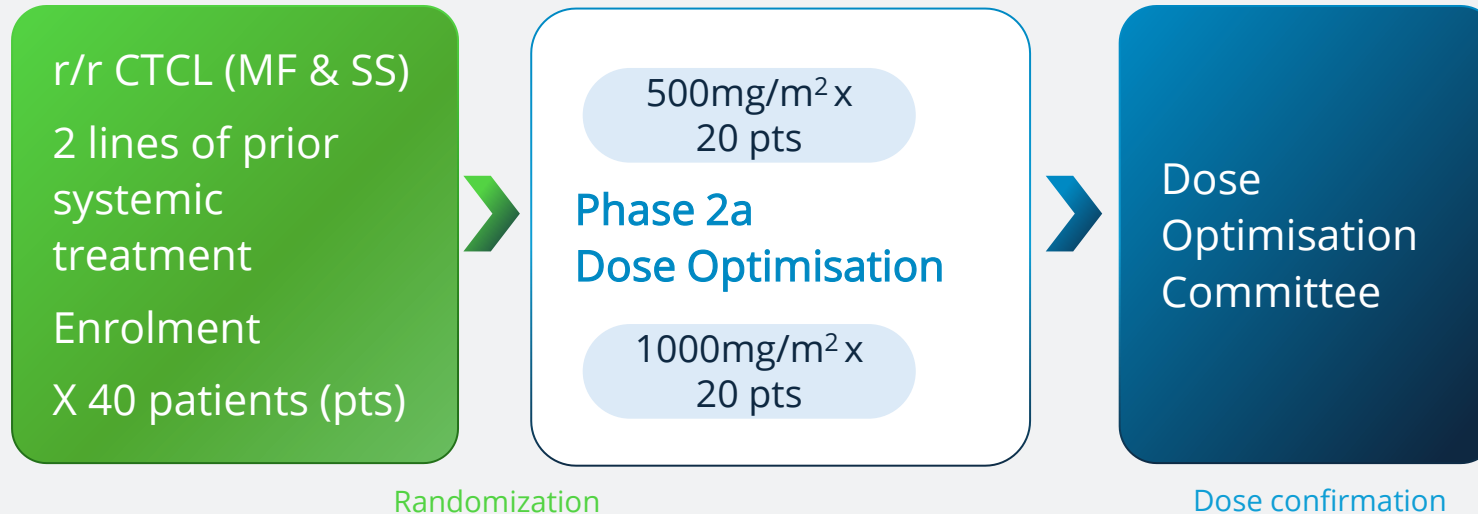


PTX-100 has a favourable safety profile

- Data from completed early studies show no serious adverse events deemed related to PTX-100
- Suits fragile patient population
- Good candidate for combination therapy

Sugaya M. Int.J.Mol.Sci. 2021

Progressing PTX-100 Through Phase 2



Multicenter clinical trial



Phase 2 Endpoints

Primary endpoint:

- Objective Response Rate (ORR)

Secondary endpoints:

- Skin response using mSWAT
- Progression-free survival (PFS)
- Duration of response (DOR)
- Time to response (TTR)
- Complete response rate (CRR)
- Overall survival (OS)

Determine safety and tolerability of PTX-100

Evaluate the effects on Quality of Life (QoL)

PTX-100 (CTCL): Clinical Trial Plan

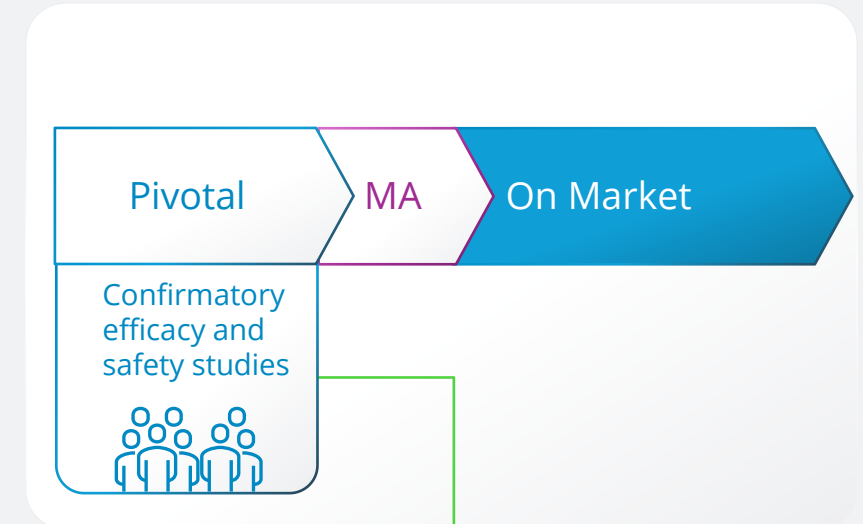
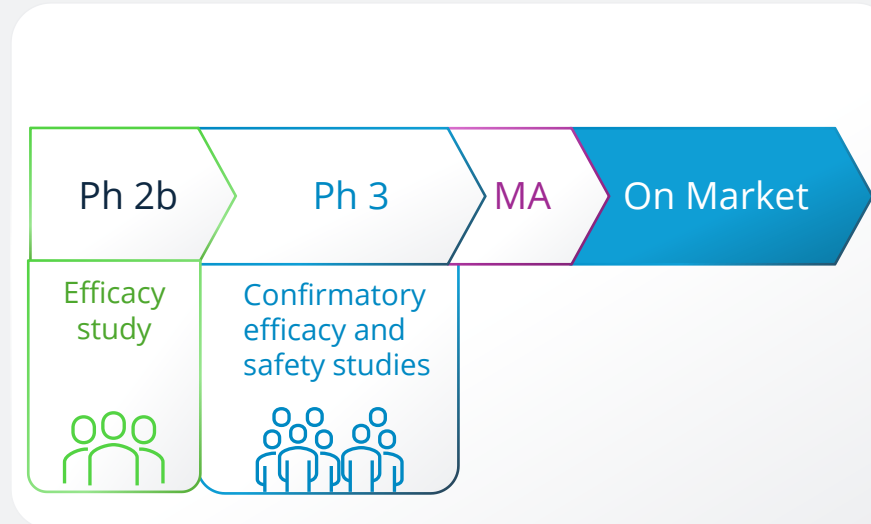
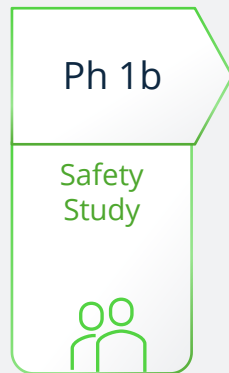


Completed

Ongoing

Expected Clinical Plan

Potential Clinical Plan



Potential for Phase 2b Registration Study (Subject to FDA agreement on endpoints)

- Eligibility for accelerated approval pathways, subject to outcomes and regulatory review
- Faster commercialisation
- Enter US\$1.2B* US CTCL market
- Opportunity to explore other cancer pathways

(Subject to regulatory approvals)

MA = Marketing Authorization
Adapted from Capuano, A. et al; Front. In Pharmacol.; Feb 2019
FTD granted specifically for CTCL-MF, 2025

* DelveInsight: CTCL Market Insight, Epidemiology And Market Forecast – 2034 , Based on third-party forecasts and subject to assumptions regarding pricing, treatment duration, competition and reimbursement.

Total addressable market

High unmet need = large market opportunity



US market for CTCL

- 3,000¹ new CTCL cases per year in the US
- Estimated US CTCL market size of approximately ~US\$1.2bn / year by 2034²

1. JAMA Oncology.2022 Sep1;8(11):1690–1692.doi:10.1001/jamaoncol.2022.3236

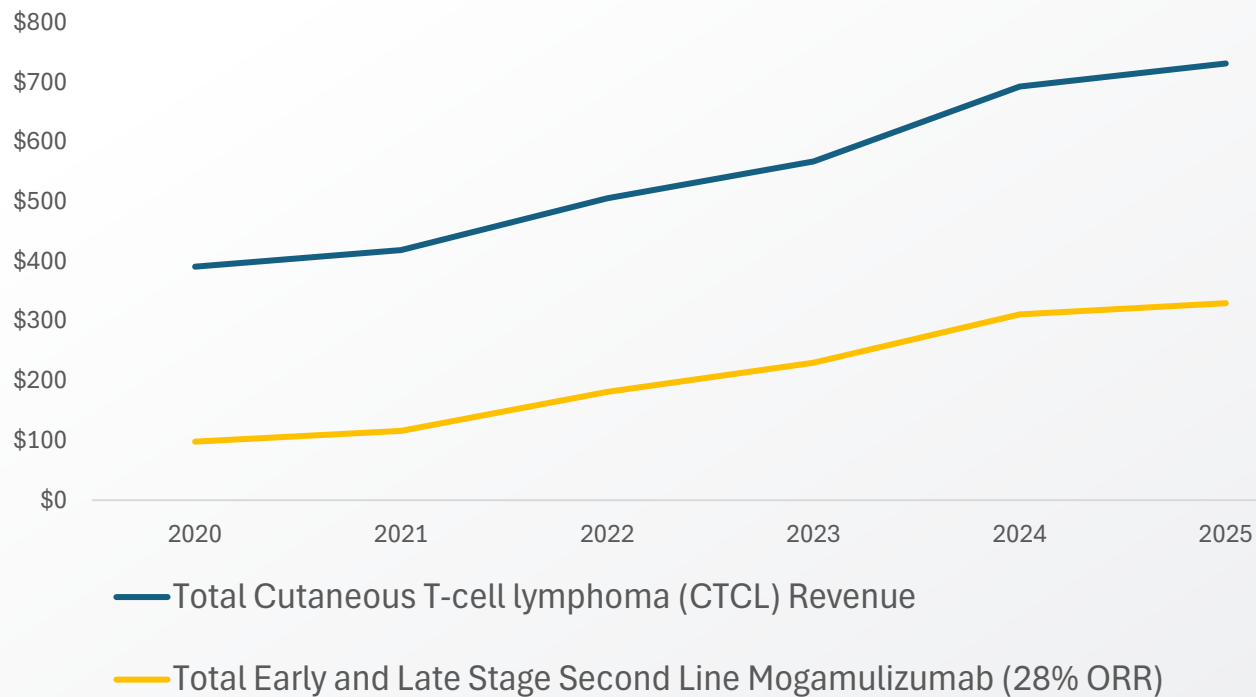
2. Based on third party forecasts and subject to assumptions regarding pricing, treatment duration, competition and reimbursement. DelveInsight: CTCL Market Insight, Epidemiology And Market Forecast – 2034



New entrants for CTCL can grow the market



CTCL US Market 2020 to 2025¹(US\$M)



Early results position PTX-100 well against current therapies

- Enable market share growth
- Unique MOA supports combination opportunities
- Treatment duration
- Pricing comparisons

1. DelveInsight: CTCL Market Insight, Epidemiology And Market Forecast – 2034

Mogamulizumab was FDA Approved in 2018 in R/R mycosis fungoides (MF) or Sézary syndrome (SS) after at least one prior systemic therapy

60% Patient growth from entry of mogamulizumab from 2020 to 2025 in DelveInsight data for second line Early and Advanced stage CTCL in the US

Expansion strategy



Stage 1: CTCL-centric

- ✓ Demonstrate efficacy & safety
- ✓ FDA support (ODD, FTD)
 - Complete registrational study
 - CTCL commercial pathways
 - Potentially partnering the asset

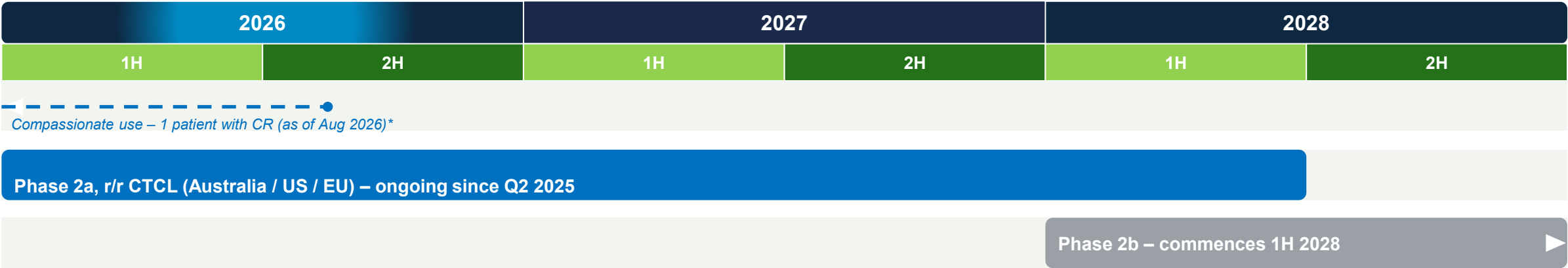
Stage 2: Expansion

- Bring new indications onto platform
- Progressively address further cancers
- Strategic commercial pathways
- Leverage core competencies
- Review complementary assets

Key Events and Upcoming Milestones for PTX-100



✓	Q1 2023	Orphan Drug Designation for all TCL – US FDA	☐	Q4 2026	DOC review, 20 evaluable patients
✓	Q4 2024	IND cleared for Phase 2a trial – US FDA	☐	1H 2027	France sites open
✓	Q1 2025	First Phase 2a site initiated	☐	1H 2027	Phase 2a enrolment complete, 40 evaluable patients
✓	Q2 2025	Fast Track Designation, r/r MF– US FDA	☐	2H 2027	DOC review, 40 evaluable patients
✓	Q2 2025	First Patient In Phase 2a trial	☐	2H 2027	FDA type B meeting on Phase 2b design
✓	Q4 2025	EU CTIS approval; Italy site activated	☐	1H 2028	Phase 2b CTCL trial commences
✓	Q4 2025	Orphan Drug Designation, CTCL (MF and SS) – EMA			
✓	Q2 2026	26 patients enrolled by Q2 2026 (28 post quarter-end)			



* Patient was rolled over onto compassionate access from the Phase 1b study having achieved a complete response (CR) and was still experiencing clinical benefit at the time of transition.

Board and management

Experienced team of drug developers and deal makers with track record in blood cancers



Management Team



James McDonnell
CEO



Dr Rebecca Tunstall
COO



Dr Rosalind Wilson
Chief Medical Officer



Upaly Bahadure
Director
Clinical Affairs & Operations



Dr Luis Malaver-Ortega
Director Research
and Development

Board of Directors



Dr James Campbell
Non-Executive Chair



Dr Allen Ebens
Non-Executive Director



Melanie Farris
Non-Executive Director



Dr Ellen Feigal
Non-Executive Director



Dr Gavin Shepherd
Non-Executive Director

Experienced gained
in global companies



Our unique value proposition

First-in-class approach to a proven pathway



Pioneering technology

- PTX-100 is the most advanced selective GGTase-1 inhibitor currently in clinical development¹
- Platform opportunity: Potentially applicable to 22% of all cancers²



First disease target (CTCL) delivering strong data

- One of the most advanced cancer therapies on the ASX
- Efficacy signals seen in Phase 1b results
 - Of the patients treated and assessable, all showed clinical benefit with either having tumours reduced or halted
- FDA granted key designations to support market exclusivity, reduced costs and faster review
- Clinical data generated will support future partnering discussions

1. Based on public data

2. The RAS Problem: Turning Off a Broken Switch - NCI



Thank you

August 2026

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